

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

GARY R TRAVIS
ROSANNE M TRAVIS
Debtor(s)

Case No. 09-40808

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 10/29/2009.
- 2) The plan was confirmed on 02/10/2010.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 11/11/2014.
- 6) Number of months from filing to last payment: 60.
- 7) Number of months case was pending: 63.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$113,000.00.
- 10) Amount of unsecured claims discharged without payment: \$133,332.17.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$22,500.00
Less amount refunded to debtor	\$0.00

NET RECEIPTS: \$22,500.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$3,500.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$987.37
Other	\$26.50

TOTAL EXPENSES OF ADMINISTRATION: \$4,513.87

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVOCATE HEALTH CARE	Unsecured	256.18	NA	NA	0.00	0.00
ADVOCATE HEALTH CARE	Unsecured	223.05	NA	NA	0.00	0.00
ALLY FINANCIAL	Unsecured	6,785.13	6,785.13	6,785.13	1,148.65	0.00
CAPITAL ONE BANK	Unsecured	20,411.00	NA	NA	0.00	0.00
CB ACCOUNTS INC	Unsecured	481.00	476.00	476.00	20.40	0.00
CENTRAL ILLINOIS RADIOLOGICAL	Unsecured	1,400.00	NA	NA	0.00	0.00
CHASE BANK USA	Unsecured	899.00	945.06	945.06	159.99	0.00
CITIZENS BANK	Unsecured	16,413.00	16,413.15	16,413.15	2,778.56	0.00
CREDITORS COLLECTION BUREAU	Unsecured	NA	13,878.00	13,878.00	2,349.39	0.00
DISCOVER BANK	Unsecured	9,053.00	9,173.18	9,173.18	1,552.92	0.00
ECAST SETTLEMENT CORP	Unsecured	938.00	979.60	979.60	165.84	0.00
ECAST SETTLEMENT CORP	Unsecured	1,163.00	1,163.01	1,163.01	196.88	0.00
ECAST SETTLEMENT CORP	Unsecured	753.00	753.17	753.17	127.50	0.00
EVERGREEN HEALTH CARE SC	Unsecured	160.00	NA	NA	0.00	0.00
EYE SPECIALIST CENTER	Unsecured	155.00	NA	NA	0.00	0.00
FIFTH THIRD BANK	Unsecured	38,923.00	39,065.11	39,065.11	6,613.28	0.00
HSBC	Unsecured	923.00	NA	NA	0.00	0.00
ISSAN HEALTH CARE	Unsecured	710.00	NA	NA	0.00	0.00
MINIMALLY INVASIVE SPINE SPEC	Unsecured	272.00	NA	NA	0.00	0.00
OAKLAWN RADIOLOGISTS	Unsecured	293.00	NA	NA	0.00	0.00
OCULOPLASTIC ASSOC	Unsecured	35.00	NA	NA	0.00	0.00
ORTHOPEDIC ASSOC OF KANKAKEE	Unsecured	1,079.00	NA	NA	0.00	0.00
PAIN CARE CENTER	Unsecured	3,150.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	2,505.00	2,592.80	2,592.80	438.93	0.00
PORTFOLIO RECOVERY ASSOC	Unsecured	196.00	229.06	229.06	38.78	0.00
PROVIDENT FUNDING ASSOCIATES I	Secured	0.00	0.00	0.00	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
RIVERSIDE MEDICAL CENTER	Unsecured	13,878.00	NA	NA	0.00	0.00
RIVERSIDE PHYSICIAN PRACTICES	Unsecured	762.00	NA	NA	0.00	0.00
ST JAMES HEALTH CENTER	Unsecured	183.30	NA	NA	0.00	0.00
SUBURBAN EMERGENCY PHYSICIAN	Unsecured	280.00	NA	NA	0.00	0.00
TERRILL APPLWHITE MD	Unsecured	547.00	NA	NA	0.00	0.00
WELLS FARGO FINANCIAL BANK	Unsecured	13,740.00	14,147.50	14,147.50	2,395.01	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$106,600.77	\$17,986.13	\$0.00

Disbursements:

Expenses of Administration	<u>\$4,513.87</u>	
Disbursements to Creditors	<u>\$17,986.13</u>	
TOTAL DISBURSEMENTS :		<u>\$22,500.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 01/22/2015

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.